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FACSIMILE TRANSMISSION COVER SHEET

Date: March 9, 2009

To: United States Patent and Trademark Office
Examiner: Nguyen, Joseph H.; Art Unit: 2815

Fax: (571) 273-8300

Re: **Application Serial No.: 10/643,461**
Filing Date: 8/18/2003; First-Named Inventor: Xiang
Attorney Docket No.: 0180144

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 17

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated December 9, 2008.

Thank you.

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Attorney Docket No.: 0180144

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Xiang, et al.SERIAL NO.: 10/643,461 FILED: 08/18/2003FOR: Field Effect Transistor Having Increased Carrier MobilityHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

☒ No additional fee is required.☐ The fee has been calculated as shown below:☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	130.00	65.00	\$
SECOND MONTH AFTER TIME PERIOD SET	490.00	245.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,110.00	555.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,730.00	865.00	\$

☐ TOTAL EXTENSION FEE \$ 0.00☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1 Number of Claims after Amendment	Column 2 Number Previously Paid for	Column 3 Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS		MINUS **	* = 0	x 52	x 26	\$
INDEPENDENT		MINUS ***	* = 0	x 220	x 110	\$
First presentation of multiple dependent claim				+ 390	+ 195	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

* If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.

** If the number of Total Claims previously paid for is less than 20, write "20" in this space.

*** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180144

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731.

Date: 3/9/09
PAGE 3/3 * RCVD AT 3/9/2009 12:11:07 PM [Eastern Daylight Time] * SVR:USPTO-EFXRF-4/13 * DNS:2738300 * CSID:949 282 1002 * DURATION (mm-ss):06-08

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